

## QUALIFIED ZONE ACADEMY BONDS APPLICATION

<b>Section I- Applicant Information</b>
Applicant (School District, Charter Holder*):
Name and Address of School Site or Program (If applicable):
District or Charter Mailing Address:
Phone Number:
Name and Title of Contact Person:
Superintendent or Charter School Administrator:
Amount of QZAB Authority Request:

\*Charter schools may apply if working in conjunction with a local government. Section II must be completed.

<b>Section II- Local Government Information</b>
Local Government ( If Applicable):
Mailing Address:
Phone Number:
Local Government Official (Name and Title):
Signature and Date of Local Government Official:

<b>Section III- Qualified Zone Academy Eligibility (Check all that apply)</b>
<p>_____ The public school or program is located in an empowerment zone or enterprise community;</p> <p>_____ The public school or program has at least 35% or more students eligible for free and reduced lunch program.  Number of students in the public school or program _____.  Number of free and reduced lunch students in the public school or program _____.</p>

**Section IV- Project Information**  
**(If multiple projects, make copies as needed)**

Project Description:

Debt Instrument to be used for QZAB (i.e.- general obligation bonds, etc.):

Describe how the proposed project has been designed with the business community to enhance the academic curriculum, increase graduation rate, and better prepare students for the rigors of college and an increasingly complex work force (provide attachment if necessary):

<b>Proposed Budget for Qualified Purpose</b>			
	<b>QZAB Funds</b>	<b>Business Contributions</b>	<b>Other Funds (if applicable)</b>
Repair/Rehabilitation of School Facility			
Equipment Purchase			
Course material development			
Training teachers or other school personnel			
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Section V- Business Contributions**  
**(Submit as many copies needed if there are multiple contributors)**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Contact Person and Title:

[illegible]

\*Any future contribution must be discounted to its present value as of the time the QZAB is issued.

## Statement of Business Contribution Assurance

This certifies that the company named above will make a contribution in the amount of \$\_\_\_\_\_ to \_\_\_\_\_ for the purpose of \_\_\_\_\_.  
(school name) (project name)

Business Representative Authorizing Contribution: \_\_\_\_\_  
(Name and Title)

Signature and Date: \_\_\_\_\_

## **Section VI- LEA's Statement of Assurance**

This certifies that the proposed project qualifies under the QZAB program. The project is designed in cooperation with business to enhance the academic curriculum, increase graduation rate, and better prepare students for the rigors of college and increasingly complex work force. Students in the public school or program will be subject to the same academic standards and assessments as other students educated by the eligible local education agency.

The LEA and its partners will be responsible for complying with all federal law, rules and regulations governing the QZAB and State and local law regarding incurring debt.

Signature and Date of Superintendent or Charter School Administrator:

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